



"People
helping people
help
themselves"

Mitchell E. Daniels, Jr., Governor
State of Indiana

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Anne Waltermann Murphy, Secretary

March 27, 2009

To: Indiana ATR Providers

From: Eric Scott, Program Manager
Indiana Access to Recovery

Re: Memo 014 – New Forms

CLINICAL/RECOVERY SUPPORT PROVIDERS

INATR005- CLIENT CONTACT LOG PR

Effective April 19, 2009, all ATR Clinical/Recovery Support Providers should begin using the new Provider Client Contact Log. INATR-005-PR Client Contact Log is posted on the Provider SharePoint site. A copy of the form is also attached to this memo. Regardless of previous approvals for agency-generated client contact logs, this form should be used by all ATR Provider agencies to document ATR service provision. Agencies are permitted to remove those services in the service list that they are not certified to provide through Indiana ATR (to allow for additional space.) This is the only permitted alteration to this form. Additions to the form include:

- Start Date/End Date and Start Time/End Time
- ATR Units: specify the number of ATR service units provided
- Encounter Id: once the encounter has been released to billing, document the encounter id on contact log
- Service List: check the box of the ATR service provided, please only check one box per log entry
- Receipts Required: notice that for all services with an asterisk, a receipt/invoice should be in the client file for that entry
- Rendering Staff: should be signed at time of service provision

RECOVERY CONSULTANTS

INATR005- CLIENT CONTACT LOG RC

Effective April 19, 2009, all Recovery Consultation agencies should begin using the new RC Client Contact Log, INATR-005-RC Client Contact Log. This form is posted on the Provider SharePoint site. A copy of the form is also attached to this memo. All RC agencies should begin utilizing this form on April 19, 2009. The new client contact log has been substantially altered to include information about progress towards recovery goals and outcomes. Additions to the form include:

- Progress Report: areas of consideration for recovery planning, should be completed during electronic and phone contacts (not required for intake, follow-up, and discharge appointments)
- Service Event Report: the bottom of the form includes a section for reporting detail about the service event
 - Start Date, Start time, End time, ATR Units, and Encounter Id
 - Encounter Id should be recorded when log entry entered into WITS
 - Only one (1) service box should be selected for each log entry
 - In the case of intake interview, GPRA follow-up, and GPRA discharge administration does not require a second log entry- there are two slots for ATR units and Encounter Id for reporting purposes when administration is included
 - Notes: should include at least 2 substantive sentences about the event
- Next Appointment: reminder to set and record the next appointment scheduled with client
- Rendering Staff: should be signed at time of service provision



INATR008- INDIVIDUALIZED RECOVERY PLANNER

Effective April 15, 2009, all Recovery Consultation agencies should begin using the new Individualized Recovery Planner. This form combines the old INATR008- Service Provider Choice Form with the INATR006 and INATR007-Individualized Recovery Planner (and update.) This form should be completed at intake with the client and outline the *planned* ATR service schedule for the next six months. The client should understand, through the use of this form, the Recovery Consultation expectations regarding electronic and personal contact as well as GPRA Follow-up and GPRA Discharge. With regard to the Clinical and Recovery Support Services, the planned services should be discussed with the client and recorded. Page 1 and 2 should be signed by the client upon completion. Additionally, the Recovery Consultant should sign page 2 upon completion.

During each electronic or personal contact, the IRP should be reviewed and adjusted, if necessary. During personal contact appointments, the Recovery Consultant should complete a new IRP with the client if any changes have been made to the service schedule. The client should sign and date the updated IRP. If no changes have been made to the service schedule, the client can add a signature and date to the original form.

Thank you,



Eric Scott

Program Manager

Indiana Access to Recovery, Division of Mental Health and Addiction



INATR – 005 – PR Client Contact Log 3-26-2009

Client Name: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____ ATR Units: _____ Encounter Id: _____

ATR SERVICE CATEGORY- select only one box for each log entry

CLINICAL SERVICES

- ☐ Assessment - Diagnostic Interview
- ☐ MAT - Methadone
- ☐ MAT - Acamprosate Calcium
- ☐ IOP - Min 2 hour sessions - Group

- ☐ Detoxification
- ☐ MAT - Naltrexone
- ☐ MAT - Buprenorphine
- ☐ Outpatient - Group

- ☐ Individual Addictions Treatment
- ☐ MAT - Disulfiram
- ☐ *Int. Treat. of Co-occur. Dis.
- ☐ Cont. Care Counseling - Group

RECOVERY SUPPORT SERVICES

- ☐ Family and Marital Counseling
- ☐ Individual Parenting Education
- ☐ Employment Services - Individual
- ☐ Transitional Housing Assistance
- ☐ Group Support - Group < 20 - Faith Based
- ☐ Transportation Agency Vehicle
- ☐ Group SA Prevent/Inter Ed
- ☐ AOD Screen- instant

- ☐ Family & Marital Counseling - Group
- ☐ Group Parenting Education
- ☐ Employment Services - Group
- ☐ Emergency Housing
- ☐ Individual Community Support
- ☐ *Transportation Bus/Van/Cab - ticketed/billed
- ☐ Individual G.E.D. and Supportive Education
- ☐ AOD Screening - lab test

- ☐ Peer to Peer Services
- ☐ Parenting Support Services < 12
- ☐ *Employment Services - Supplies
- ☐ Individual Support - Faith Based
- ☐ Group Community Support
- ☐ Ind. SA Prevent/Inter Education
- ☐ Group G.E.D. & Supportive Ed
- ☐ *Comm. Based Continuing Care

** For all services with an asterisk (*) - there must be an invoice/receipt in the client file for each log entry.*

Notes (give specific information about the encounter, at least 2 sentences):

Client Signature: _____

Rendering Staff: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____ ATR Units: _____ Encounter Id: _____

ATR SERVICE CATEGORY- select only one box for each log entry

CLINICAL SERVICES

- ☐ Assessment - Diagnostic Interview
- ☐ MAT - Methadone
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- ☐ IOP - Min 2 hour sessions - Group

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- ☐ Individual Support - Faith Based
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- ☐ *Comm. Based Continuing Care

** For all services with an asterisk (*) - there must be an invoice/receipt in the client file for each log entry.*

Notes (give specific information about the encounter, at least 2 sentences):

Client Signature: _____

Rendering Staff: _____

Client Name: _____

PROGRESS REPORT

⇒ Client is remaining steady in their recovery

☐ Yes ☐ No

⇒ Housing Status:

Detoxification Unit ☐

Residential Treatment ☐

Transitional Housing ☐

Home ☐

Other: _____

⇒ Consistently Accessing Services at Referral Agencies

☐ Yes ☐ No

⇒ Recovery Plan:

1. Clinical Needs
2. Medical Needs
3. Support Group Attendance
4. Transportation Needs
5. Education, Employment Needs
6. Peer Coaching or Mentoring
7. Drug and Alcohol-Free Social Activities
8. Other State and Federal Assistance
9. Other: _____

☐ Yes ☐ No ☐ n/a

☐ Yes ☐ No ☐ n/a

☐ Yes ☐ No ☐ n/a

☐ Yes ☐ No ☐ n/a

☐ Yes ☐ No ☐ n/a

☐ Yes ☐ No ☐ n/a

☐ Yes ☐ No ☐ n/a

☐ Yes ☐ No ☐ n/a

☐ Yes ☐ No ☐ n/a

⇒ Progress towards Recovery goals & objectives

☐ Yes ☐ No

⇒ Vouchers Needed: _____

New Referral ☐New Referral ☐New Referral ☐New Referral ☐New Referral ☐

⇒ ATR Forms:

1. IRP Reviewed/Updated
2. Release of Information Reviewed/Updated
3. Client Information Sheet Reviewed (Contacts Updated)

☐ Yes ☐ No ☐ n/a

☐ Yes ☐ No ☐ n/a

☐ Yes ☐ No ☐ n/a

Start Date: _____ Start Time: _____ End Time: _____ ATR Units: _____ / _____ Encounter Id: _____ / _____

ATR SERVICE CATEGORY- select only one box for each log entry

- ☐ Intake Screen (Client Not Eligible)
- ☐ Intake Interview & Administration
- ☐ Pre-GPRA Follow-up Electronic Contact
- ☐ Pre-GPRA Follow-up Personal Contact

RECOVERY CONSULTATION

- ☐ GPRA Follow-up Interview & Administration
- ☐ *GPRA Follow Up Client Incentive
- ☐ Post-GPRA Follow-up Electronic Contact
- ☐ Post-GPRA Follow-up Personal Contact

- ☐ GPRA Discharge Interview/Admin
- ☐ *Emergency Relapse Prevention

* For all services with an asterisk (*) - there must be an invoice/receipt in the client file for each log entry.

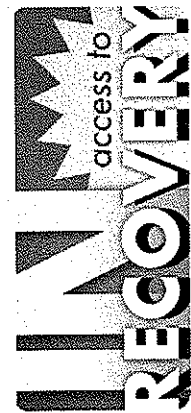
Notes (give specific information about the encounter, at least 2 sentences):

Next Appointment:
☐ Personal Contact Date: _____
 ☐ Electronic Contact Date: _____
 ☐ Interview Date: _____

Client Signature: _____

Rendering Staff: _____

PLEASE
COMPLETE
DURING
PERSONAL
OR
ELECTRONIC
CONTACT
APPTS



Indiana Access to Recovery (ATR) – Individualized Recovery Planner

INATR - 008

I _____ understand that Indiana Access to Recovery is a voluntary program and that the purpose of participating in the program is to recover from addictions.

I understand that there are a number of providers qualified to provide any service that I require during my participation in the ATR program. I also understand that I may choose the providers that provide services to me while I participate in the program.

By signing this document, I affirm that my Recovery Consultant has shown me a list of the service providers that are certified by Indiana Access to Recovery to provide each of the services I have chosen to access. I understand that if I find that any of these providers do not meet my needs, I may select another provider at any time.

I understand that each of the providers that I have selected may not be willing or have the ability to provide services to me, in which case I will need to select a different provider.

I have come to understand that accessing the following services will help me successfully recover from substance use and abuse:

Client Initials	Recovery Consultation Services	Agency	Month	Units	Month	Units	Month	Units	Month	Units	Month	Units	Month	Units
	Intake Interview													
	Intake Administration													
	Pre-Follow-up Electronic Contact													
	Pre-Follow-up Personal Contact													
	GPRA Follow-up Interview													
	GPRA Follow-up Administration													
	GPRA Follow-up Client Incentive													
	Post-Follow-up Electronic Contact													
	Post-Follow-up Personal Contact													
	GPRA Discharge Interview													
	GPRA Discharge Administration													

Client Signature: _____

